MONTANA BOARD OF MEDICAL EXAMINERS

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Terminal Objectives

EMT-B Monitoring Endorsement

Terminal Objectives for the EMT-Basic Monitoring Endorsement

The purpose of the Monitoring Endorsement for EMT-B is to provide the EMT-B with the knowledge and skills to collect diagnostic values and initiate corrective actions including operating a pulse oximeter, blood glucose monitor, end-tidal CO2 monitor, and manual defibrillation.

Patient care should always be based on patient presentation and Montana Prehospital Treatment Protocols.

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FORWARD

The Montana Board of Medical Examiners (BOME) developed the EMT endorsement process to provide the local EMS medical director the ability to expand the individual EMT scope of practice. The BOME has defined the "maximum allowable" skills for each endorsement and established statewide protocols. The endorsement process consists of education and verification.

The local EMS medical director is responsible for verifying an EMT's knowledge and skills for a particular endorsement. This can be accomplished via a training program; or the medical director may take into account an EMT's previous education, skill ability or other personal knowledge to determine whether an EMT meets the endorsement knowledge and skill requirements. The local medical director is responsible for the quality of all endorsement training via direct participation and/or oversight.

The medical director cannot exceed the scope of the endorsement, but may set limits on the ambulance service or the individual EMT. As an example, the medical director might wish the local ambulance service or an individual EMT to utilize pulse oximetry but not cardiac monitoring.

The endorsement material that follows provides the terminal knowledge and psychomotor objectives at the specific endorsement level. The endorsements (specifically at the EMT-Intermediate and EMT-Paramedic levels) may be non-specific in certain areas (such as specific medications or routes of administration) as the Board does not intend to "practice medicine". The medical director "practices medicine" and has the ability to determine the specific's concerning the endorsement. The Board approved protocols define the extent of the local medical directors flexibility: "... The Board authorizes the service medical director to use the Board approved protocols in their entirety or may determine to limit individual EMT providers function / practice where appropriate and in accordance with provider's abilities. However, the service medical director may not significantly alter (change the performance expectations of the EMT) or expand approved Board protocols without first seeking Board of Medical Examiners approval." If the medical director wishes to request the Board to "significantly alter" the protocol there is a process identified in the rules for that to occur.

Many of the endorsements are combinations of each other. Specifically they are: FR-Ambulance includes FR-Immobilization, EMTB-IV Initiation includes EMTB-IV Maintenance, and EMTB-Intubation includes both EMTB-Airway and EMTB-Monitoring. The endorsement levels at the EMT-Paramedic level are slightly different then at the other levels in that all of the endorsement levels

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are all subsets of the Critical Care endorsement. Therefore if a Critical Care endorsement is granted to an EMT-P, they have completed all of the other endorsements. This does not work in reverse though, if an EMT-P has all of the endorsement levels but Critical Care, Critical Care is not granted by default.

The endorsement process requires that the medical director complete a specific "verification form" (certificate of completion) documenting that an individual EMT has the knowledge and skills identified at the specific endorsement level. The individual EMT then submits an application to the Board to establish the endorsement on their license. The medical director then has the option of granting permission to the individual EMT to perform the endorsement to the extent defined by the medical director. All forms and endorsement materials can be obtained from the web site; www.emt.mt.gov. Any questions or concerns can be addressed to Ken Threet at (406) 841-2359 or kthreet@mt.gov.

TERMINAL OBJECTIVE SUMMARY

The purpose of the Monitoring Endorsement for EMT-B is to provide the EMT-B with the knowledge and skills to collect diagnostic values and initiate corrective actions including operating a pulse oximeter, blood glucose monitor, end-tidal CO2 monitor, and perform manual defibrillation.

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic will be able to:

State the principles of pulse oximetry

State the normal values for pulse oximetry

Identify conditions which can adversely affect a patient's oxygen saturation level Identify conditions which can produce erroneous readings in pulse oximetry State the principles of blood glucose testing

State the normal values for blood glucose levels

Identify conditions which can adversely affect a patient's glucose level Identify conditions which can produce erroneous readings in blood glucose Describe the anatomical location of the heart in relation to the sternum and diaphragm

Given a diagram, identify the anatomical location of the heart in relation to the sternum and diaphragm

Given a diagram, trace the flow of blood through the heart and identify each chamber, valve and vessel

Given a diagram of the heart's electrical conduction system, trace the pathway of a normal impulse and identify each major structure

Define the following terms as it relates to manual defibrillation

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apex

circulatory system

myocardium

ischemia

myocardial infarction

electrical cells

automaticity

pacemaker cells

mechanical cells

P wave

QRS complex

T wave

depolarization

repolarization

lead

artifact

calibration

standardization

defibrillation

hypothermia

cardioversion

ioules

List three differences between automatic and manual technology for monitor defibrillators

List three types of electrode systems used with defibrillators

List five common causes of artifacts that result in poor ECG signals

Describe the response of heart muscle cells to defibrillation

State the most critical factor in increasing survival from ventricular Fibrillation

List and discuss the treatment guidelines (protocols) for pulseless

ventricular fibrillation pulseless ventricular tachycardia asystole State the two types of documentation

Given a simulated field situation, describe the information to be included in the recorded documentation

Given a simulated field situation, identify the information to be included in the written documentation

Describe the function and purpose of preventive maintenance and preventive maintenance checklists on manual and automatic defibrillator

Describe the operation and purpose of CO2 detector

Describe the difference between colorimetric and digital CO2 detectors

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic will be able to:

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Demonstrate the correct application of a pulse oximetry-monitoring device.

Demonstrate obtaining a pulse oximetry reading.

Demonstrate ability to correctly troubleshoot and correct simple problems.

Appropriately obtain a blood specimen for testing purposesG1-1.7 the student shall obtain a blood glucose level reading.

Dispose of all sharps while adhering to Body Substance Isolation (BSI) procedures.

Correctly troubleshoot and correct simple problems.

Follow manufacturer and later developed service specific preventive maintenance procedures related to the monitoring device.

Demonstrate proper safety techniques

List three situations which may result in a shock to the operator of the defibrillator The student must demonstrate control of the emergency scene and direct the rescitation efforts

Demonstrate appropriate voice documentation of events on the scene Demonstrate appropriate written documentation of events on the scene Demonstrate appropriate assessment and care of the patient before, during, and

after defibrillation Demonstrate the completion of a preventive maintenance

Given a normal ECG tracing, identify the following:

checklist on manual and automatic defibrillators

P wave

QRS complex

T wave

On ECG graph paper, label the following time measurements:

3 seconds

Identify examples of artifacts

List the sequence of steps necessary for manual monitoring

Demonstrate with a manual defibrillator, how to turn on the power, attach the device to the resuscitation manikin with the adhesive defibrillator pads, determine rhythm, and deliver a shock

Demonstrate different treatment sequences with a manual defibrillator: Multiple shocks for persistent ventricular fibrillation, shocks with conversion to normal sinus rhythm, shocks with return of a rhythm and then re-fibrillation

Properly place electrodes in Lead II and MCL1 position for manual monitoring Place the paddles in appropriate position on chest for manual defibrillation Demonstrate correct adherence to the protocol in a simulated cardiac arrest while correctly defibrillating a manikin, with a manual defibrillator, within 90 seconds of arrival at the manikins' side

Demonstrate SAFE use of a manual defibrillator; answer questions about the controls, disposable supplies, and maintenance; and demonstrate troubleshooting techniques

Attach an CO2 detector and determine the presence of CO2

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LESSON PLAN: can be obtained from the EMT-I 99 or Paramedic DOT Curriculum.

RECOMMENDED TIME TO COMPLETE: 4 hours for lecture and skills practice

EQUIPMENT:

Pulse oximetry monitoring unit

Patient transducer and cable

Fingernail polish remover pad

Blood glucose monitoring unit (glucometer)

Alcohol pad

Dry sterile dressing bandage (Band-Aid)

Universal precautions

Lancet (or other piercing device)

Test strips

Monitoring Equipment (with strip capability)

Full Size Manikin Capable of Presenting a Rhythm and Being Ventilated (800ml min)

Oxygen Delivery Equipment (including ventilation devices)

Defibrillator (manual)

Colorimetric CO2 detectors

Digital CO2 detectors

OVERVIEW:

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VERIFICATION FOR EMT-B MONITORING ENDORSEMENT

Student Name:	License Numl	per:
I certify that	is competent in the	e following terminal objectives regarding the EMT-Basic
Monitoring Endorsement. The cours	e or education was conducted ac	cording to Board policies and procedures.
	OBJECTIVES	PSYCHOMOTOR OBJECTIVES
State the principles of pulse oximetry State the normal values for pulse oximetry Identify conditions which can adversely affe Identify conditions which can produce error State the principles of blood glucose testing State the normal values for blood glucose testing State the normal values for blood glucose Identify conditions which can adversely affe Identify conditions which can produce error Describe the anatomical location of the head Identify conditions which can produce error Describe the anatomical location of the head Identify conditions which can produce error Describe the anatomical location of the head Identify conditions which can produce error Describe the anatomical location of the head Identify conditions which can produce error Describe the following the anatomical losternum and diaphragm Given a diagram, trace the flow of blood the chamber, valve and vessel Given a diagram of the heart's electrical co normal impulse and identify each major str Define the following terms as it relates to m Apex, circulatory system, myocardium, isc cells, automaticity, pacemaker cells, mech wave, depolarization, system, myocardium, isc cells, automaticity, pacemaker cells, mech wave, depolarization, repolarization, lead, defibrillation, hypothermia, cardioversion, je List three differences between automatic a defibrillators List three differences between automatic a defibrillators List three types of electrode systems used List five common causes of artifacts that re Describe the response of heart muscle cell State the most critical factor in increasing s Fibrillation List and discuss the treatment guidelines (p ventricular fibrillation pulseless ventricular i State the two types of documentation Given a simulated field situation, describe the recorded documentation Given a simulated field situation, identify the the written documentation Describe the function and purpose of preve preventive maintenance checklists on man Describe the difference between colorimetr	ect a patient's oxygen saturation level neous readings in pulse oximetry evels ect a patient's glucose level neous readings in blood glucose art in relation to the sternum and cation of the heart in relation to the rough the heart and identify each nduction system, trace the pathway of a notice and defibrillation nemia, myocardial infarction, electrical nemia, myocardial infarction, standardization, bules not nemia nemial technology for monitor with defibrillators is to defibrillation urvival from ventricular nerotocols) for pulseless achycardia asystole he information to be included in nemia, mitien maintenance and nemia, and audomatic defibrillator nemia, and nemia, an	Demonstrate the correct application of a pulse oximetry- monitoring device. Demonstrate obtaining a pulse oximetry reading. Demonstrate ability to correctly troubleshoot and correct simple problems. Appropriately obtain a blood specimen for testing purposesG1-1.7 the student shall obtain a blood glucose level reading. Dispose of all sharps while adhering to Body Substance Isolation (BSI) procedures. Correctly troubleshoot and correct simple problems. Follow manufacturer and later developed service specific preventive maintenance procedures related to the monitoring device. Demonstrate proper safety techniques List three situations which may result in a shock to the operator of the defibrillator The student must demonstrate control of the emergency scene and direct the resuscitation efforts Demonstrate appropriate voice documentation of events on the scene Demonstrate appropriate written documentation of events on the scene Demonstrate appropriate assessment and care of the patient before, during, and after defibrillation Demonstrate the completion of a preventive maintenance checklist on manual and automatic defibrillators Given a normal ECG tracing, identify the following: P wave, QRS complex, T wave On ECG graph paper, label the following time measurements: 0.04, 3 seconds, Identify examples of artifacts List the sequence of steps necessary for manual monitoring Demonstrate with a manual defibrillator, how to turn on the power, attach the device to the resuscitation manikin with the adhesive defibrillator pads, determine rhythm, and deliver a shock Demonstrate with a manual defibrillator, how to turn on the property place electrodes in Lead II and MCL1 position for manual defibrillator. Multiple shocks for persistent ventricular fibrillation, shocks with conversion to normal sinus rhythm, shocks with return of a rhythm and then re-fibrillation Demonstrate correct adherence to the protocol in a simulated cardiac arrest while correctly defibrillating a manikin, with a manual defibrillator, within 90 seconds of
Signature of Medical Director, PRINTED Name Dated		
responsible for the Trainir		Juliou Juliou
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Montana Physician Licens	 e Number	